|  | DATENT ADDITION FOR DETERMINATION DECOR        |   |                        |                    |                                 |                  |                   |   | Application or Docket Number |                            |                     |                        |  |
|--|--|---|------------------------|--------------------|---------------------------------|------------------|-------------------|---|------------------------------|----------------------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000 |  |   |                        |                    |                                 |                  |                   |   | 3308 2M 103                  |                            |                     |                        |  |
| _  |  | CLAIMS AS                                 | PART (                 | (Column 2)         |                                 |                  | SMALL ENTITY TYPE |   |                              | OTHER THAN OR SMALL ENTITY |                     |                        |  |
| OTAL CLAIMS  |  |   | 24                     |                    |                                 |                  | ſ                 | RATE                                    | FEE                          |                            | RATE                | FEE                    |  |
| OR   |  |   | NUMBER FILED           |                    | NUMBER EXTRA                    |                  | Ì                 | BASIC FE                                | 355.00                       | OR                         | BASIC FEE           | 710.00                 |  |
| OTAL CHARGEABLE CLAIMS   |  |   | 24 minus 20=           |                    | • 4                             |                  | Ī                 | X\$ 9=                                  |                              | OR                         | X\$18=              | 72                     |  |
| IDI  | EPENDENT CL                                    | AIMS                                      | 5 minus 3 =            |                    | · 2                             |                  | Ì                 | X40=                                    |                              | OR                         | X80=                | 100                    |  |
| !UI  | LTIPLE DEPEN                                   | DENT CLAIM PF                             | RESENT                 |                    |                                 |                  |                   | +135=                                   |                              | OR                         | +270=               | 700                    |  |
| lf ·   | the difference i                               | n column 1 is l                           | ess than zero, enter " |                    | r "0" in co                     | "0" in column 2  |                   | TOTAL                                   |                              | OR                         | TOTAL               | 942                    |  |
| CLAIMS AS AMENDED - PART II  |  |   |                        |                    |                                 |                  |                   |   |                              | 10                         | OTHER               |                        |  |
|  |  | (Column 1)                                | (Column 2)             |                    |                                 | (Column 3)       | n 3) SMAI         |   | ENTITY                       | OR                         | SMALL               | ENTITY                 |  |
| IMENDMEN! A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                        | NUM<br>PREVI       | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |                   | RATE                                    | ADDI-<br>TIONAL<br>FEE       | · · · /                    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | * (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | Minus                  | **                 |                                 | =                |                   | X\$ 9=                                  |                              | OR                         | X\$18=              |                        |  |
|  | Independent                                    | •   | Minus                  | ***                |                                 | = .              | l                 | X40=                                    |                              | OR                         | X80=                |                        |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                        |                    |                                 |                  |                   | +135=                                   |                              |                            | +270=               |                        |  |
|  |  |   | ••                     |                    |                                 |                  | į                 | TOTAL                                   |                              | OR                         | TOTAL               | •                      |  |
|  |  |   |                        |                    |                                 |                  |                   | ADDIT. FEE OR ADDIT. FEE                |                              |                            |                     |                        |  |
|  |  | (Column 1)                                | 1                      |                    | ımn 2)<br>HEST                  | (Cölumn 3)       | 1                 | · · · · · · · · · · · · · · · · · · ·   | LADDI                        | 1                          |                     | ADDI                   |  |
| NOMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                        | PREV               | MBER<br>IOUSLY<br>D FOR         | PRESENT<br>EXTRA |                   | RATE                                    | ADDI-<br>TIONAL<br>FEE       |                            | RATĘ                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                  | **                 |                                 | =                |                   | X\$ 9=                                  |                              | OR                         | X\$18=              |                        |  |
| AMENDA   | Independent                                    | •   | Minus                  | ***                | T 01 4112                       | =                |                   | X40=                                    |                              | OR                         | X80=                | •                      |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                        |                    |                                 |                  |                   | +135=                                   |                              | OR                         | +270=               |                        |  |
|  |  |   |                        |                    |                                 |                  | ١                 | TOTAI<br>ADDIT. FEI                     |                              | OR                         | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | (Column 1)                                |                        | (Colu              | ımn 2)                          | (Column 3)       |                   | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                              | _                          |                     |                        |  |
| ENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                        | HIG<br>NUI<br>PREV | HEST<br>MBER<br>YOUSLY<br>D FOR | PRESENT<br>EXTRA |                   | RATE                                    | ADDI-<br>TIONAL<br>FEE       |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| DWEN   | Total  | •   | Minus                  | **                 |                                 | =                |                   | X\$ 9=                                  |                              | OB                         | X\$18=              | ï                      |  |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Independent

OR

OR

OR

X80=

+270=

ADDIT. FEE

TOTAL

X40=

+135=

ADDIT. FEE

TOTAL

<sup>\*</sup> If the entry in column 1 is I ss than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\*If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."